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| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| NORTHERN DISTRICT OF ILLINOIS | _ | |
| Case number (if known) | _ Chapter you are filing under: | |
| | Chapter 7 | |
| | Chapter 11 | |
| | Chapter 12 | |
| | ✓ Chapter 13 | Check if this an amended filing |

B 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/15

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Pa | rt 1: Identify Yourself | | | |
|----|---|---|---|---|
| | | About Debtor 1: | , | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's | Gilbert First name | | First name |
| | license or passport). | Middle name | | Middle name |
| | Bring your picture identification to your meeting with the trustee. | Sosa Last name and Suffix (Sr., Jr., II, III) | L | Last name and Suffix (Sr., Jr., II, III) |
| 2. | All other names you have used in the last 8 years | | | |
| | Include your married or maiden names. | | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-7298 | | |

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Case number (if known)

Debtor 1 Gilbert M. Sosa

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
|----|--|--|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | I have not used any business name or EINs. Gilbert M. Sosa, Ice skating coach and instructor Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs |
| 5. | Where you live | 481 Raintree Court Unit D Glen Ellyn, IL 60137 Number, Street, City, State & ZIP Code | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code |
| | | DuPage County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. Number, P.O. Box, Street, City, State & ZIP Code | County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. Number, P.O. Box, Street, City, State & ZIP Code |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: ✓ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) |

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Document Case number (if known) Debtor 1 Gilbert M. Sosa

| | The chapter of the | Ohaal | | od a Coda a a admitta a Co | - I - Nation Description | 44 LLC C C 240/b) for Individuals Filings for Books and | | | |
|-----|---|---|---|--|---------------------------------|--|--|--|--|
| 7. | The chapter of the Bankruptcy Code you are | Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)). Also, go to the top of page 1 and check the appropriate box. | | | | | | | |
| | choosing to file under | ☐ Cha | pter 7 | | | | | | |
| | | ☐ Cha | pter 11 | | | | | | |
| | | ☐ Cha | pter 12 | | | | | | |
| | | ✓ Cha | pter 13 | | | | | | |
| 8. | How you will pay the fee | al oı | oout how yo | u may pay. Typicall attorney is submitti | y, if you are paying the fee yo | k with the clerk's office in your local court for more details surself, you may pay with cash, cashier's check, or money alf, your attorney may pay with a credit card or check with | | | |
| | | √ I | need to pa | | | on, sign and attach the Application for Individuals to Pay | | | |
| | | ☐ II | request that ut is not red | that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, equired to, waive your fee, and may do so only if your income is less than 150% of the official poverty line | | | | | |
| | | tn Ol | that applies to your family size and you are unable to pay the fee in installments). If you choose thi out the <i>Application to Have the Chapter 7 Filing Fee Waived</i> (Official Form 103B) and file it with you | | | | | | |
| 9. | Have you filed for bankruptcy within the last 8 years? | ✓ No. Yes. | | | | | | | |
| | • | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| | | | District | | When | Case number | | | |
| 10. | Are any bankruptcy cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an | ✓ No Yes. | | | | | | | |
| | affiliate? | | | | | | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| | | | Debtor | | | Relationship to you | | | |
| | | | District | | When | Case number, if known | | | |
| 11. | Do you rent your residence? | ✓ No. Yes. | | No. Go to line 12. | | t you and do you want to stay in your residence? Sudgment Against You (Form 101A) and file it with this | | | |

Document Page 4 of 52 Case number (if known) Debtor 1 Gilbert M. Sosa Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time ☐ No. Go to Part 4. business? Name and location of business ✓ Yes. A sole proprietorship is a Sosa Ice Skating Coaching and Instruction business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, 481 Raintree Court, Unit D, Glen Ellyn, IL 60137 partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) 1 None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of **Bankruptcy Code and are** operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure in 11 U.S.C. 1116(1)(B). you a small business debtor? I am not filing under Chapter 11. ✓ No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy No. U.S.C. § 101(51D). Code. Yes. I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ✓ No. property that poses or is Yes. alleged to pose a threat of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs needed, why is it needed? immediate attention?

For example, do you own perishable goods, or

livestock that must be fed, or a building that needs urgent repairs?

Number, Street, City, State & Zip Code

Where is the property?

Document Case number (if known) Debtor 1 Gilbert M. Sosa

15. Tell the court whether you have received a

counseling.

briefing about credit

Part 5:

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

Explain Your Efforts to Receive a Briefing About Credit Counseling About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

> Incapacity. I have a mental illness or a

mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes

me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

Active duty. I am currently on active military duty in a military

combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit counseling because of:

Incapacity. I have a mental illness or a mental

deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability. My physical disability causes me to

be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried

to do so.

Active duty. I am currently on active military duty

in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

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Case number (if known) Debtor 1 Gilbert M. Sosa Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." No. Go to line 16b. ✓ Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. No. Go to line 16c. Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts Are you filing under I am not filing under Chapter 7. Go to line 18. √ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative Yes. after any exempt expenses are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will Yes be available for distribution to unsecured creditors? 18. How many Creditors do 1,000-5,000 **√** 1-49 25,001-50,000 you estimate that you 50-99 5001-10,000 50,001-100,000 owe? 100-199 10,001-25,000 More than 100,000 200-999 19. How much do you \$0 - \$50,000 \$1.000.001 - \$10 million \$500.000.001 - \$1 billion estimate your assets to \$50,001 - \$100,000 \$10,000,001 - \$50 million \$1,000,000,001 - \$10 billion be worth? \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion How much do you \$0 - \$50,000 \$1,000,001 - \$10 million \$500,000,001 - \$1 billion estimate your liabilities \$50,001 - \$100,000 \$1,000,000,001 - \$10 billion ✓ \$10,000,001 - \$50 million to be? \$100,001 - \$500,000 \$50,000,001 - \$100 million \$10,000,000,001 - \$50 billion \$500,001 - \$1 million \$100,000,001 - \$500 million More than \$50 billion Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11, United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. Gilbert M. Sosa Signature of Debtor 2 Signature of Debtor 1 Executed on Executed on MM / DD / YYYY MM / DD / YYYY

| Debtor 1 | Gilbert M. Sosa | Document | Case number (if known) | |
|----------|-----------------|----------|------------------------|--|
| | | | | |

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| | Date | |
|--|---------------|-------------------|
| Signature of Attorney for Debtor | | MM / DD / YYYY |
| Janet Watson | | |
| Printed name | | |
| Janet L. Watson | | |
| Firm name | | |
| 330 S. Naperville Road | | |
| Suite 312 | | |
| Wheaton, IL 60187 | | |
| Number, Street, City, State & ZIP Code | | |
| Contact phone 630-260-1667 | Email address | jwatsonjd@aol.com |
| | | |
| Bar number & State | | |

| | Case 1 | 6-0686 | 2 Doc 1 | | 02/29/16 | Entered 02/ | | 17:33 De | esc N | Main |
|---------------------------|-------------------------------------|----------------|--|-------------------------|--------------------------------------|---|------------------------------------|--------------------|---------|------------------------------------|
| Fill in th | is information | to identify | y your case and t | | cument | Page 8 of 52 | 2 | | | |
| Debtor 1 | | pert M. S | | | • | | | | | |
| Dobto: 1 | | Name | | e Name | | Last Name | | | | |
| Debtor 2 | | | | | | | | | | |
| (Spouse, if | 3/ | Name | | e Name | | Last Name | | | | |
| United S | tates Bankrupto | y Court fo | r the: NORTHER | RN DISTI | RICT OF ILLIN | IOIS | | | | |
| Case nui | mber | | | | | | | | | Check if this is an amended filing |
| | al Form 1 edule A | | _ | | | | | | | 12/15 |
| t fits best. nore spac | Be as complete e is needed, atta | and accura | ate as possible. If tw te sheet to this form | vo married m. On the | d people are fili top of any addi | asset fits in more tha ng together, both are tional pages, write yo or Have an Interest li | equally respons ur name and cas | ible for supplying | g corre | ct information. If |
| □ No. 0 | Go to Part 2. Where is the pro | | ultable interest in al | ny reside | nce, building, la | nd, or similar propert | ty r | | | |
| 1.1 | l Daintea - Oa | 1 | | What | is the property? | ? Check all that apply. | | | | |
| 481 Uni | ∣Raintree Co it D | urt | | | Single-family h | ome | | deduct secured c | | r exemptions. Put the |
| | et address, if availabl | e, or other de | scription | . 🛚 | Duplex or multi | -unit building | | | | cured by Property. |
| | | | | | Condominium | or cooperative | | | | |
| | | | | | Manufactured of | or mobile home | Currer | nt value of the | Cui | rent value of the |
| Gle | en Ellyn | IL | 60137-0000 | | Land | | | property? | | tion you own? |
| City | | State | ZIP Code | | Investment pro | perty | _ | \$126,000.00 | _ | \$63,000.00 |
| | | | | | Timeshare | | | | | |
| | | · — | Who has an interest in the property? Check (such a | | | Describe the nature of your ownership interest (such as fee simple, tenancy by the entireties, or a life estate), if known. | | | | |
| | | | | J.10. | Debtor 1 only | | Joint | tenant | | |
| Dul | Page | | | | Debtor 2 only | | | | | |

property identification number:

2 bedroom condominium located at 481 D Raintr

2 bedroom condominium located at 481 D Raintree Court, Glen Ellyn, IL 60137

Liens are solely in debtor's name

☐ At least one of the debtors and another

Other information you wish to add about this item, such as local

Debtor 1 and Debtor 2 only

2. Add the dollar value of the portion you own for all of your entries from Part 1, including any entries for pages you have attached for Part 1. Write that number here......>>

\$63,000.00

Check if this is community property

(see instructions)

Part 2: Describe Your Vehicles

County

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Official Form 106A/B Schedule A/B: Property page 1

Case 16-06862 Doc 1 Filed 02/29/16 Entered 02/29/16 16:17:33 Desc Main Page 9 of 52 Document Case number (if known) Debtor 1 Gilbert M. Sosa 3. Cars, vans, trucks, tractors, sport utility vehicles, motorcycles Yes **Buick** Do not deduct secured claims or exemptions. Put Who has an interest in the property? Check one. Make: the amount of any secured claims on Schedule D: LaSabre Creditors Who Have Claims Secured by Property. Model Debtor 1 only 2001 Year: Debtor 2 only Current value of the Current value of the 105,000 Approximate mileage: Debtor 1 and Debtor 2 only entire property? portion you own? Other information: At least one of the debtors and another \$1,500.00 \$1,500.00 ☐ Check if this is community property (see instructions) 4. Watercraft, aircraft, motor homes, ATVs and other recreational vehicles, other vehicles, and accessories Examples: Boats, trailers, motors, personal watercraft, fishing vessels, snowmobiles, motorcycle accessories ■ No ☐ Yes 5 Add the dollar value of the portion you own for all of your entries from Part 2, including any entries for \$1.500.00 pages you have attached for Part 2. Write that number here..... Part 3: Describe Your Personal and Household Items Do you own or have any legal or equitable interest in any of the following items? Current value of the portion you own? Do not deduct secured claims or exemptions. 6. Household goods and furnishings Examples: Major appliances, furniture, linens, china, kitchenware □ No Yes. Describe..... 50% interest in couches, chairs, stove, refrigerator \$500.00 \$400.00 bedside tables, dining room table, kitchen table, end table, 7. Electronics Examples: Televisions and radios; audio, video, stereo, and digital equipment; computers, printers, scanners; music collections; electronic devices including cell phones, cameras, media players, games ☐ No ■ Yes. Describe..... Television \$50.00 8. Collectibles of value Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; stamp, coin, or baseball card collections; other collections, memorabilia, collectibles Yes. Describe..... \$500.00 **Record and CD collection** 9. Equipment for sports and hobbies Examples: Sports, photographic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis; canoes and kayaks; carpentry tools;

musical instruments

■ No

☐ Yes. Describe.....

Case 16-06862 Doc 1 Filed 02/29/16 Entered 02/29/16 16:17:33 Desc Main Document Page 10 of 52 Case number (if known) Debtor 1 Gilbert M. Sosa 10. Firearms Examples: Pistols, rifles, shotguns, ammunition, and related equipment ■ No ☐ Yes. Describe..... 11. Clothes Examples: Everyday clothes, furs, leather coats, designer wear, shoes, accessories Yes. Describe..... \$500.00 misc shoes, coats, business casual and casual apparell 12. Jewelry Examples: Everyday jewelry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches, gems, gold, silver □ No Yes. Describe..... \$50.00 watch 13. Non-farm animals Examples: Dogs, cats, birds, horses ■ No ☐ Yes. Describe..... 14. Any other personal and household items you did not already list, including any health aids you did not list ■ No ☐ Yes. Give specific information..... 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$2,000.00 for Part 3. Write that number here Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash \$25.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. ☐ No Institution name: ■ Yes..... U.S. Bank \$30.00 checking account \$200.00 Wintrust Communty Bank 17.2. Savings 18. Bonds, mutual funds, or publicly traded stocks

Examples: Bond funds, investment accounts with brokerage firms, money market accounts

■ No

☐ Yes..... Institution or issuer name: Case 16-06862 Doc 1 Filed 02/29/16 Entered 02/29/16 16:17:33 Desc Main Page 11 of 52
Case number (if known) Document

| De | ebtor 1 | Gilbert M. Sosa | | | Case number (if known) | |
|-----|----------------|---|-------------------------------------|------------------------|------------------------------|--|
| 19. | | ublicly traded stock and interes oint venture | ts in incorporated and uninco | rporated businesse | s, including an interest in | an LLC, partnership, |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific information about t Name of er | | | % of ownership: | |
| 20. | Negoti | nment and corporate bonds and tiable instruments include personal tegotiable instruments are those years. | I checks, cashiers' checks, prom | issory notes, and mo | oney orders. | |
| | ☐ Yes. | Give specific information about the Issuer name | | | | |
| 21. | | ment or pension accounts ples: Interests in IRA, ERISA, Ked | ogh, 401(k), 403(b), thrift savings | accounts, or other p | ension or profit-sharing pla | ns |
| | ☐ Yes. | List each account separately. Type of accounts | unt: Institution na | me: | | |
| 22. | Your s | ity deposits and prepayments share of all unused deposits you holes: Agreements with landlords, p | | | | s, or others |
| | | | Institution na | me or individual: | | |
| 23. | Annuit ■ No | ties (A contract for a periodic payr | ment of money to you, either for | life or for a number o | f years) | |
| | ☐ Yes | Issuer name and d | escription. | | | |
| 24. | | ts in an education IRA, in an ac C. §§ 530(b)(1), 529A(b), and 529 | | gram, or under a qu | alified state tuition progra | am. |
| | ☐ Yes | Institution name ar | nd description. Separately file the | e records of any inter | ests.11 U.S.C. § 521(c): | |
| 25. | Trusts | , equitable or future interests in | property (other than anything | listed in line 1), and | d rights or powers exerci | sable for your benefit |
| | | Give specific information about t | hem | | | |
| 26. | Examp ■ No | es, copyrights, trademarks, trade ples: Internet domain names, web | sites, proceeds from royalties ar | | nts | |
| 27. | | ses, franchises, and other gener ples: Building permits, exclusive li | | holdings, liquor licen | ses, professional licenses | |
| | ■ No □ Yes. | Give specific information about t | hem | | | |
| | | | | | | O |
| IVI | oney or | property owed to you? | | | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| 28. | □ No | funds owed to you | | | | |
| | Yes. | Give specific information about the | nem, including whether you alrea | dy filed the returns a | nd the tax years | |
| | | | Potential Income tax refu | nd | State and federal | \$0.00 |
| 29 | Family | y support | | | | |
| -0. | | ples: Past due or lump sum alimo | ny, spousal support, child suppo | rt, maintenance, divo | rce settlement, property se | ttlement |

 \square Yes. Give specific information..... Official Form 106A/B

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Case number (if known) Document Debtor 1 Gilbert M. Sosa 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information... 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance ☐ Yes. Name the insurance company of each policy and list its value. Surrender or refund Company name: Beneficiary: value: 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ■ No ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$255.00 for Part 4. Write that number here..... Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1. 46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property? No. Go to Part 7. ☐ Yes. Go to line 47. Current value of the portion you own? Do not deduct secured claims or exemptions. Part 7: Describe All Property You Own or Have an Interest in That You Did Not List Above 53. Do you have other property of any kind you did not already list? Examples: Season tickets, country club membership

■ Yes. Give specific information.......

□ No

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Case number (if known) Document

Gilbert M. Sosa Debtor 1

> Property necessary for self employment as ice skating instructor: current year's CDs and music, 1 pair ice skates, skating competition rule books, directories, judging cards, skate repair tools, printer, uniform, computer, portable CD player

\$1,100,00

\$67,855.00

\$1,100.00 54. Add the dollar value of all of your entries from Part 7. Write that number here

List the Totals of Each Part of this Form 55. Part 1: Total real estate, line 2 \$63,000.00 Part 2: Total vehicles, line 5 56. \$1,500.00 Part 3: Total personal and household items, line 15 57. \$2,000.00 Part 4: Total financial assets, line 36 58. \$255.00 Part 5: Total business-related property, line 45 \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00

Total personal property. Add lines 56 through 61... Copy personal property total \$4,855.00 \$4,855.00

\$1,100.00

63. Total of all property on Schedule A/B. Add line 55 + line 62

Part 7: Total other property not listed, line 54

61.

page 6

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| Fill in this infor | mation to identify your | case: | | |
|---------------------|--------------------------|-------------------|-------------|------------------------------------|
| Debtor 1 | Gilbert M. Sosa | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | |
| Case number | | | | |
| (if known) | | | | Check if this is an amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Property You Claim as Exempt |
|---|
|---|

| 1. | Which set of exemptions are | you claiming | ? Check one only. | even if | your si | pouse is filind | g with v | vou. |
|----|-----------------------------|--------------|-------------------|---------|---------|-----------------|------------|------|
|----|-----------------------------|--------------|-------------------|---------|---------|-----------------|------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own Copy the value from Schedule A/B | | ount of the exemption you claim eck only one box for each exemption. | Specific laws that allow exemption |
|--|--|----------|--|------------------------------------|
| 481 Raintree Court Unit D Glen Ellyn, IL 60137 DuPage County 2 bedroom condominium located at 481 D Raintree Court, Glen Ellyn, IL 60137 Liens are solely in debtor's name Line from Schedule A/B: 1.1 | \$126,000.00 | - | \$30,000.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-901 |
| 2001 Buick LaSabre 105,000 miles Line from <i>Schedule A/B</i> : 3.1 | \$1,500.00 | | \$1,500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(c) |
| 50% interest in couches, chairs, stove, refrigerator Line from Schedule A/B: 6.1 | \$1,000.00 | ■ | \$500.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |
| bedside tables, dining room table, kitchen table, end table, Line from Schedule A/B: 6.2 | \$400.00 | | \$400.00 100% of fair market value, up to any applicable statutory limit | 735 ILCS 5/12-1001(b) |

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Debtor 1 Gilbert M. Sosa Case number (if known) Brief description of the property and line on Current value of the Amount of the exemption you claim Specific laws that allow exemption Schedule A/B that lists this property portion you own Copy the value from Check only one box for each exemption. Schedule A/B **Television** 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 7.1 100% of fair market value, up to any applicable statutory limit Record and CD collection 735 ILCS 5/12-1001(a) \$500.00 \$500.00 Line from Schedule A/B: 8.1 П 100% of fair market value, up to any applicable statutory limit misc shoes, coats, business casual 735 ILCS 5/12-1001(a) 500.00 \$500.00 \$500.00 and casual apparell Line from Schedule A/B: 11.1 100% of fair market value, up to any applicable statutory limit watch 735 ILCS 5/12-1001(b) \$50.00 \$50.00 Line from Schedule A/B: 12.1 П 100% of fair market value, up to any applicable statutory limit Cash 735 ILCS 5/12-1001(b) \$25.00 \$25.00 Line from Schedule A/B: 16.1 100% of fair market value, up to any applicable statutory limit checking account: U.S. Bank 735 ILCS 5/12-1001(b) \$30.00 \$30.00 Line from Schedule A/B: 17.1 П 100% of fair market value, up to any applicable statutory limit **Savings: Wintrust Communty Bank** 735 ILCS 5/12-1001(b) \$200.00 \$200.00 Line from Schedule A/B: 17.2 П 100% of fair market value, up to any applicable statutory limit State and federal: Potential Income \$0.00 735 ILCS 5/12-1001(b) tax refund 100% of fair market value, up to Line from Schedule A/B: 28.1 any applicable statutory limit Property necessary for self 735 ILCS 5/12-1001(d) \$1,100.00 \$1,100.00 employment as ice skating instructor: current year's CDs and 100% of fair market value, up to music, 1 pair ice skates, skating any applicable statutory limit competition rule books, directories, judging cards, skate repair tools, printer, uniform, computer, portable CD player Line from Schedule A/B: 53.1 Are you claiming a homestead exemption of more than \$155,675? (Subject to adjustment on 4/01/16 and every 3 years after that for cases filed on or after the date of adjustment.) Yes. Did you acquire the property covered by the exemption within 1,215 days before you filed this case?

 Nο

Yes

| | | Document Pa | aae 16 d | of 52 | | |
|-------------------------------|--|---|---------------|--|---------------------------|----------------------|
| Fill in this inforr | mation to identify you | ur case: | | | | |
| Debtor 1 | Gilbert M. Sosa | | | | | |
| | First Name | | t Name | | | |
| Debtor 2 | First Name | Middle Norm | . N | | | |
| (Spouse if, filing) | First Name | Middle Name Las | t Name | | | |
| United States Ba | nkruptcy Court for the | : NORTHERN DISTRICT OF ILLINO | iS | | | |
| Case number | | | | | | |
| (if known) | | | | | ☐ Check | if this is an |
| | | | | | amend | led filing |
| O#: a: a! | - 100D | | | | | |
| Official Forn | | | _ | | | |
| Schedule | D: Creditors | Who Have Claims Se | cured | by Propert | y | 12/15 |
| Be as complete and | d accurate as possible. It | f two married people are filing together, bot | h are equall | y responsible for sup | plying correct informatio | n. If more space is |
| needed, copy the A known). | dditional Page, fill it out | , number the entries, and attach it to this fo | rm. On the to | op of any additional p | ages, write your name ar | nd case number (if |
| , | have claims secured by | your property? | | | | |
| ` | _ | this form to the court with your other sch | edules You | ı have nothing else | to report on this form | |
| _ | all of the information | • | oddioo. Tot | a nave nothing cloc | to report on this form. | |
| | | below. | | | | |
| | II Secured Claims | | | Column A | Column B | Column C |
| | | nore than one secured claim, list the creditor se particular claim, list the other creditors in Part 2 | | Amount of claim | Value of collateral | Unsecured |
| | | er according to the creditor's name. | | Do not deduct the value of collateral. | that supports this claim | portion |
| 2.1 Chase Ho | me Finance | Describe the property that secures the cla | aim: | \$22,117.00 | \$126,000.00 | If any \$0.00 |
| Creditor's Name | e | 481 Raintree Court Unit D Glen | | | | |
| | | Ellyn, IL 60137 DuPage County | | | | |
| | | 2 bedroom condominium locate | | | | |
| | | 481 D Raintree Court, Glen Ellyr 60137 | 1, IL | | | |
| | | Liens are solely in debtor's nam | ie | | | |
| P. O. Box | 24696 | As of the date you file, the claim is: Check | | | | |
| | s, OH 43224 | apply. Contingent | | | | |
| Number, Street | , City, State & Zip Code | ☐ Unliquidated | | | | |
| | | ☐ Disputed | | | | |
| Who owes the de | ebt? Check one. | Nature of lien. Check all that apply. | | | | |
| Debtor 1 only | | | age or secure | ed | | |
| Debtor 2 only | | <u> </u> | | | | |
| Debtor 1 and De | eptor 2 only he debtors and another | ☐ Statutory lien (such as tax lien, mechanic☐ Judgment lien from a lawsuit | 's lien) | | | |
| ☐ Check if this cl | | Other (including a right to offset) | | | | |
| community de | | | | | | |
| | Mortgage | | | | | |
| | refinance | | | | | |
| Date debt was incu | urred 1/2003 | Last 4 digits of account number | 1349 | | | |
| | | | | | | |
| 2.2 Communi | | Describe the property that accuracy the ele- | | \$9,749.00 | \$126,000.00 | \$0.00 |
| Wneaton/ Creditor's Name | Glen Ellyn | Describe the property that secures the class 481 Raintree Court Unit D Glen | um: _ | Ψ3,7 43.00 | Ψ120,000.00 | Ψ0.00 |
| | | Ellyn, IL 60137 DuPage County | | | | |
| | | 2 bedroom condominium locate | d at | | | |
| | | 481 D Raintree Court, Glen Ellyr | ı, IL | | | |
| | | 60137 Liens are solely in debtor's nam | | | | |
| 257 Dasa | ovalt Bood | As of the date you file, the claim is: Check | | | | |
| | evelt Road า, IL 60137 | apply. Contingent | | | | |
| | , City, State & Zip Code | Unliquidated | | | | |
| ., | | Disputed | | | | |

Who owes the debt? Check one.

Nature of lien. Check all that apply.

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| Debtor 1 | Gilbert M. | Sosa | | Case number (if know) |
|---------------|--------------------------------|--|--|---|
| | First Name | Middle Na | ame Last Name | |
| ■ Debtor | . , | | An agreement you made (such car loan) | ch as mortgage or secured |
| ☐ Debtor | 1 and Debtor 2 | only | ☐ Statutory lien (such as tax lien | n, mechanic's lien) |
| ☐ At least | one of the deb | tors and another | ☐ Judgment lien from a lawsuit | |
| | if this claim re unity debt | lates to a | Other (including a right to offse | set) |
| Date debt | was incurred | 2nd mortgage/li ne of credit 7/2006 | Last 4 digits of account r | number <u>7903</u> |
| If this is | | of your form, add th | lumn A on this page. Write that n he dollar value totals from all pag | +- / |
| Part 2: | List Others t | o Be Notified for | r a Debt That You Already Lis | isted |
| to collect to | from you for a | debt you owe to so bts that you listed | omeone else, list the creditor in P | for a debt that you already listed in Part 1. For example, if a collection agency is trying Part 1, and then list the collection agency here. Similarly, if you have more than one ditors here. If you do not have additional persons to be notified for any debts in Part 1, |
| Na | me Address | 3 | | |
| -N | ONE- | | | On which line in Part 1 did you enter the creditor? |
| | | | | Last 4 digits of account number |

Page 18 of 52 Document Fill in this information to identify your case: Debtor 1 Gilbert M. Sosa Middle Name Last Name First Name Debtor 2 First Name Middle Name Last Name (Spouse if, filing) NORTHERN DISTRICT OF ILLINOIS United States Bankruptcy Court for the: Case number (if known) ☐ Check if this is an amended filing Official Form 106E/F Schedule E/F: Creditors Who Have Unsecured Claims 12/15 Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY claims and Part 2 for creditors with NONPRIORITY claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on Schedule A/B: Property (Official Form 106A/B) and on Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G). Do not include any creditors with partially secured claims that are listed in Schedule D: Creditors Who Have Claims Secured by Property. If more space is needed, copy the Part you need, fill it out, number the entries in the boxes on the left. Attach the Continuation Page to this page. If you have no information to report in a Part, do not file that Part. On the top of any additional pages, write your name and case number (if known). Part 1: List All of Your PRIORITY Unsecured Claims 1. Do any creditors have priority unsecured claims against you? No. Go to Part 2. ☐ Yes. Part 2: List All of Your NONPRIORITY Unsecured Claims 3. Do any creditors have nonpriority unsecured claims against you? No. You have nothing to report in this part. Submit this form to the court with your other schedules. Yes. 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2 Total claim 4.1 3,415.00 American Express 3008 Last 4 digits of account number Nonpriority Creditor's Name P. O. Box 981535 When was the debt incurred? El Paso, TX 79998-1535 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? lacksquare Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No Misc consumer and business purchases ☐ Yes Other. Specify 4.2

American Express Nonpriority Creditor's Name

P. O. Box 981535

El Paso, TX 79998-1535 Number Street City State Zlp Code Last 4 digits of account number

7007

2,601.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

| 4.5 | Capital One Bank | Last 4 digits of account number 5818 | \$ 0.0 | 0 |
|--------|--|---|------------|---|
| | Yes | ■ Other. Specify Misc consumer and business purchase: | <u>s</u> | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ■ Debtor 1 only | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | P. O. Box 30281 Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Nonpriority Creditor's Name Bankruptcy Department | When was the debt incurred? | | _ |
| 1.4 | Capital One Bank | Last 4 digits of account number 2563 | \$ 2,481.0 | 0 |
| | ☐ Yes | Other. Specify misc consumer and/or business purchases | _ | |
| | ■ No | $\hfill\Box$ Debts to pension or profit-sharing plans, and other similar debts | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Debtor 1 and Debtor 2 only | □ Disputed | | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | Wilmington, DE 19801 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Nonpriority Creditor's Name 125 S. West St. | When was the debt incurred? | | |
| 4.3 | Barclay's Bank Delaware | Last 4 digits of account number 3404 | \$ 467.0 | 0 |
| | ☐ Yes | ■ Other. Specify Misc business and consumer purchases | S | |
| | No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Debtor 1 and Debtor 2 only | ■ Disputed | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 only | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| Debtor | 1 Gilbert M. Sosa | Document Page 19 of 52 Case number (if know) | | |
| | Case 16-06862 Doc 1 | Filed 02/29/16 Entered 02/29/16 16:17:33 De | esc Main | |

Nonpriority Creditor's Name

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Case number (if know)

| Debio | Glibert W. 305a | | Case | Tidifiber (il know) | | |
|-------|---|--|----------------------------|-------------------------------------|----|----------|
| | P. o. Box 30280 Salt Lake City, UT 84130-0280 | When was the debt incurred | ı? unkno | own | | |
| | Number Street City State Zlp Code | As of the date you file, the c | laim is: Check a | all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unse | cured claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a separation agre | eement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit- | sharing plans, ar | nd other similar debts | | |
| | Yes | | tempted op count by id | ening of fraudulent entity thief | _ | |
| 4.6 | Capital One Bank, USA, N.A. | Last 4 digits of account nun | nber 2504 | | \$ | 2,018.00 |
| | Nonpriority Creditor's Name % Friedman, Anselmo, Lindberg 1771 W. Diehl Rd., #120 | When was the debt incurred | | years | · | · |
| | Naperville, IL 60566-7228 Number Street City State Zlp Code | As of the date you file, the c | laim is: Check a | all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unse | cured claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a not report as priority claims | a separation agre | eement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit- | sharing plans, ar | nd other similar debts | | |
| | Yes | Other. Specify | isc consum | er purchases | _ | |
| 4.7 | Cardmember Service | Last 4 digits of account num | nber 0465 | | \$ | 1,443.00 |
| | Nonpriority Creditor's Name P. O. Box 15298 | When was the debt incurred | l? | | | |
| | Wilmington, DE 19850-5298 Number Street City State Zlp Code | As of the date you file, the c | laim is: Check a | all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | g | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unse | cured claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising out of a not report as priority claims | a separation agre | ement or divorce that you did | | |
| | ■ No | ☐ Debts to pension or profit- | sharing plans, ar | nd other similar debts | | |
| | Yes | | isc consum everal years | er and business purchases ago | i | |

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Debtor 1 Gilbert M. Sosa Case number (if know) 479.43 4.8 **Cavalry Portfolio Services** 2007 Last 4 digits of account number Nonpriority Creditor's Name 500 Summit Lake Dr., #400 When was the debt incurred? Valhalla, NY 10595-1340 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated ☐ Disputed Debtor 1 and Debtor 2 only Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? lacksquare Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Creditor purchased former HSBC Card ☐ Yes Other. Specify **Services Debt** 4.9 258.00 **Central Dupage Hospital** 7484 Last 4 digits of account number \$ Nonpriority Creditor's Name 25 N. Winfield Drive When was the debt incurred? Winfield, IL 60190 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes 4/2011 Medical services Other. Specify 4.10 1,201.00 Chase 1448 Last 4 digits of account number Nonpriority Creditor's Name P. O. Box 15298 When was the debt incurred?

As of the date you file, the claim is: Check all that apply

Wilmington, DE 19850-5298 Number Street City State Zlp Code

| Debto | Case 16-06862 Doc 1 | Filed 02/29/16 Document | | red 02/29/16 16:17:33 22 of 52 Case number (if know) | Des | c Main | |
|-------|--|---|---------------|--|------|--------|--------|
| | Who incurred the debt? Check one. | ☐ Contingent | - | · , | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured | I claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising or not report as priority clair | | ration agreement or divorce that you did | | | |
| | No | Debts to pension or p | orofit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | Misc o | consumer purchases in last fe | w | | |
| 4.11 | Chase Bank, NA | Last 4 digits of accoun | t number | 4349 | | \$ | 0.00 |
| | Nonpriority Creditor's Name P. O. Box 15077 | When was the debt inc | urred? | unknown | | | |
| | Wilmington, DE 19896-5077 Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | — Contingent | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only ☐ Disputed | | | | | | |
| | ☐ At least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising or not report as priority clair | | ration agreement or divorce that you did | | | |
| | No | Debts to pension or p | orofit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | pted opening of fraudulent nt by identity thief | | | |
| 4.12 | Citi Cards | Last 4 digits of accoun | t number | 9917 | | \$ | 318.00 |
| | Nonpriority Creditor's Name P. O. Box 6500 Sioux Falls, SD 57117 | When was the debt inc | urred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, | the claim i | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | | |
| | ■ Debtor 1 only | | | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | \square At least one of the debtors and another | t least one of the debtors and another Type of NONPRIORITY unsecured claim: | | | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | ☐ Obligations arising or not report as priority clair | | ration agreement or divorce that you did | | | |
| | ■ No | Debts to pension or p | orofit-sharin | g plans, and other similar debts | | | |
| | Yes | ■ Other. Specify | | ousiness and consumer purch w years. | ases | | |
| 4.13 | Citibank N.A. | Last 4 digits of accoun | t number | 2773 | | \$ | 0.00 |

Nonpriority Creditor's Name

Case 16-06862 Doc 1 Filed 02/29/16 Entered 02/29/16 16:17:33 Desc Main Document Page 23 of 52 Debtor 1 Gilbert M. Sosa Case number (if know) When was the debt incurred? % Blitt & Gaines 661 Glenn Avenue Wheeling, IL 60090 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Debt collector for Citibank N.A. Other. Specify Judgment entered 6/13/2012 4.14 Citibank, N.A. 0587 1,808.00 Last 4 digits of account number \$ Nonpriority Creditor's Name P. O. Box 6241 When was the debt incurred? many years Sioux Falls, SD 57117 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ■ No $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts Misc consumer purchases - Judgment ☐ Yes Other. Specify entered 6/13/12, case 12 SC 2773 4.15 0.00 **Comenity Bank** 3433 Last 4 digits of account number \$ Nonpriority Creditor's Name P. O. Box 182125 When was the debt incurred? Unknown Columbus, OH 43218-2273 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only Unliquidated Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another

Official Form 106 E/F

debt

■ No

☐ Yes

lacksquare Obligations arising out of a separation agreement or divorce that you did

Fraudulent opening of account by

Debts to pension or profit-sharing plans, and other similar debts

identity thief

☐ Student loans

Other, Specify

not report as priority claims

☐ Check if this claim is for a community

Is the claim subject to offset?

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Debtor 1 Gilbert M. Sosa

| 4.16 | Nonpriority Creditor's Name P. O. Box 81577 Austin, TX 78708 Number Street City State Zlp Code Who incurred the debt? Check one. ■ Debtor 1 only □ Debtor 2 only □ At least one of the debtors and another □ Check if this claim is for a community debt Is the claim subject to offset? | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim Contingent Unliquidated Disputed Type of NONPRIORITY unsecur Student loans | | \$ | 0.00 |
|------|---|--|---|----|----------|
| | ■ No | not report as priority claims Debts to pension or profit-shar Other. Specify Attel | · · | _ | |
| 4.17 | Discover Nonpriority Creditor's Name P. O. Box 15316 Wilmington, DE 19850-5316 Number Street City State Zlp Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | | \$ | 4,836.00 |
| | Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No | ☐ Contingent ☐ Unliquidated ☐ Disputed Type of NONPRIORITY unsecure ☐ Student loans ☐ Obligations arising out of a segnot report as priority claims ☐ Debts to pension or profit-share ☐ Other. Specify ☐ Misc | ed claim: paration agreement or divorce that you did | - | |
| 4.18 | Discover Nonpriority Creditor's Name P. O. Box 15316 Wilmington, DE 19850-5316 Number Street City State Zlp Code | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | | \$ | 1,016.00 |

| Debtor | Case 16-06862 Doc 1 Gilbert M. Sosa | Filed 02/29/16 Document | | red 02/29/16 16:17:33 25 of 52 Case number (if know) | Desc Mai | n |
|--------|--|--|-------------|--|----------|----------|
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | At least one of the debtors and another | Type of NONPRIORITY (| | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising our | | ration agreement or divorce that you did | | |
| | ■ No | | | g plans, and other similar debts | | |
| | Yes | Other. Specify | Misc | consumer services | | |
| 4.19 | Discover | Last 4 digits of account | number | 1725 | \$ | 30.00 |
| | Nonpriority Creditor's Name P. O. Box 30416 | When was the debt incu | rred? | 1/27/2016 | | |
| | Salt Lake City, UT 84130 Number Street City State Zlp Code | As of the date you file, t | he claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY (| unsecure | l claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising our not report as priority claim | | ration agreement or divorce that you did | | |
| | ■ No | Debts to pension or pr | ofit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | | e to account opened in Debto by unknown identity thief | r's | |
| 4.20 | Dr. Thomas R. Gibbs | Last 4 digits of account | number | 0374 | \$ | 3,173.80 |
| | Nonpriority Creditor's Name 564 Williamsburg Road Glen Ellyn, IL 60137 | When was the debt incu | rred? | | | |
| = | Number Street City State Zlp Code | As of the date you file, t | he claim i | s: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | ■ Debtor 1 only | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY (| ınsecure | I claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | |
| | Is the claim subject to offset? | Obligations arising our | | ration agreement or divorce that you did | | |
| | ■ No | Debts to pension or pr | ofit-sharin | g plans, and other similar debts | | |
| | Yes | Other. Specify | medic | al services 2011 | | |
| 4.21 | Home Depot /Cbna | Last 4 digits of account | number | 1994 | \$ | 445.00 |
| | Nonpriority Creditor's Name P. O. Box 6497 | When was the debt incu | | | * | |
| - | Sioux Falls, SD 57117-6497 Number Street City State Zlp Code | As of the date you file, t | | s: Check all that apply | | |

Page 26 of 52 Document Debtor 1 Gilbert M. Sosa Case number (if know) Who incurred the debt? Check one. □ Contingent Debtor 1 only ☐ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Misc consumer purchases Other. Specify 4.22 **Home Depot Credit Services** 5049 708.30 Last 4 digits of account number \$ Nonpriority Creditor's Name P. O. Box 653000 When was the debt incurred? Dallas, TX 75265-3000 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Misc consumer purchases last few years Other. Specify 4.23 **Hsbc Card Services** 2007 75.68 Last 4 digits of account number \$ Nonpriority Creditor's Name **Orchard Bank** When was the debt incurred? P. O. Box 80084 Salinas, CA 93912-0084 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Misc consumer pruchases last year Other. Specify

4.24 ICS Collection Service

Last 4 digits of account number

7256

\$_____

Nonpriority Creditor's Name
P. O. Box 1010

Tinley Park, IL 60477-9110

When was the debt incurred?

| Debtor | Case 16-06862 DOC 1 | Document Page 27 of 52 Case number (if know) | sc Main |
|--------|---|---|-------------|
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | 3 | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify collection agency for Loyola Physicians Foundation | _ |
| 4.25 | Loyola Medicine | Last 4 digits of account number 4509 | \$ 95.00 |
| | Nonpriority Creditor's Name Two Westbrrok Corporate Center, Suite 500 | When was the debt incurred? | |
| | Westchester, IL 60154 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify 8/25/11 medical services | _ |
| 4.26 | Loyola University Medical Center Nonpriority Creditor's Name | Last 4 digits of account number 4509 | \$ 1,817.85 |
| | 2160 S. First Avenue | When was the debt incurred? | |
| | Maywood, IL 60153 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Medical services | |

Document Page 28 of 52 Debtor 1 Gilbert M. Sosa Case number (if know) 4.27 Loyola University Physicians 1,320.00 4509 **Foundation** Last 4 digits of account number \$ Nonpriority Creditor's Name 2160 S. First Avenue When was the debt incurred? Maywood, IL 60153 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ■ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical services 2010** Other. Specify 4.28 442.00 **Medicredit Corporation** 1773 Last 4 digits of account number Nonpriority Creditor's Name When was the debt incurred? P. O. Box 1629 Maryland Heights, MO 63043 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only □ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes **Medical Services 2012** Other. Specify

4.29 Merchants Credit Guide

Nonpriority Creditor's Name

233 W. Jackson Blvd., #400 Chicago, IL 60606

Number Street City State Zlp Code

Last 4 digits of account number

2599

\$

0.00

When was the debt incurred?

As of the date you file, the claim is: Check all that apply

| Debtor 1 Gilbert M. Sosa | 4.32 | Phillips 66- Conoco | Last 4 digits of accoun | nt number | 1532 | \$ | 1,102.42 |
|--|--------|---|--|---------------|-----------------------------------|----|----------|
| Who incurred the debt? Check one. Dobbor 1 and Debtor 2 only At least one of the distlocs and another debtors and another debtors are distlocked and another debtors. The claim subject to offset? Dobbor 1 and Debtor 2 only At least one of the distlocs and another debtors and another debtors. Dobbor 1 and Debtor 2 only At least one of the distlock and another debtors. Dobbor 1 and Debtor 2 only Dobbor 2 and | | Yes | Other. Specify | _ | | | |
| Who incurred the debt? Chack one. Debtor 1 conty D | | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? In No Debtor 1 only Debtor 2 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only | | | - Obligations unlining out of a coparation agreement of divorce that you are | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 1 onlo Debtor 2 only Debtor 2 only Debtor 3 onlo Debtor 4 onlo Debtor 4 onlo Debtor 4 onlo Debtor 4 onlo Debtor 5 onlo Debtor 4 onlo Debtor 5 onlo Debtor 6 onlo Debtor 5 onlo Debtor 6 | | | ☐ Student loans | | | | |
| Who incurred the debt? Check one. Debtor 1 conly Debtor 2 conly Debtor 3 and Debtor 2 conly At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 conly Debtor 2 conly Debtor 3 and Debtor 2 conly Debtor 4 and Debtor 2 conly Debtor 4 and Debtor 2 conly Debtor 4 conly Debtor 5 conly Debtor 5 conly Debtor 6 conly Debtor 7 conlidered | | <u> </u> | • | Y unsecure | d claim: | | |
| Who incurred the debt? Check one. Debtor 1 only | | _ | _ | | | | |
| Who incurred the debt? Check one. Debtor 1 and Debtor 2 only Debtor 2 only Desputed | | | ☐ Unliquidated | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Check if this claim is for a community debt Is the claim subject to offset? Doblogations arising out of a separation agreement or divorce that you did not report as prictive julies. Pres Other, Specify Collection agency for central dupage hospital 330 Midland Funding Last 4 digits of account number 6008 \$ 708.00 | | _ | □ Conungent | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 conly Check if this claim is for a community debt ls the claim subject to offset? Midland Funding Norphority Creditor's Name 2365 Northside Drive, Suite 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 3 only Midland Funding Lat 4 digits of account number or profits—the debt incurred? As of the date you file, the claim is: Check all that apply As of the debtor 3 only Debtor 1 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Check if this claim is for a community debt Is the claim subject to offset? Other: Specify Check one appearance or profits—the plans and other similar debts Debtor 1 only Debtor 1 and Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 8 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 and Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 2 only Debtor 4 only Debtor 2 only Debtor 5 only Debtor 2 only Debtor 6 only Debtor 2 only Debtor 1 only Debtor | | , | _ | , the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Student loans Debtor 1 and Debtor 2 only Student loans Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Student loans Debtor 1 and Debtor 2 only Student loans Debtor 2 only Debtor 1 and Debtor 2 only Student loans Debtor 2 only Debtor 3 on NonPRIORITY unsecured claim: Student loans Debtor 3 on NonPriority Check in this claim is for a community debt State Cliebtion agency for central dupage hospital Last 4 digits of account number Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 2 and Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 and Debtor 2 only Debtor 7 and Debtor 2 only Debtor 8 and Debtor 2 only Debtor 8 and Debtor 2 only Debtor 9 and Debtor 2 only Debtor 9 and Deb | | 815 Commerce Drive Oak Brook, IL 60523 | | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 the debtors and another Check if this claim is for a community debt Street City State Zip Code Non Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Debtor 1 only Disputed Di | 4.31 | Collection; Nonpriority Creditor's Name | _ | | 4509 | \$ | 0.00 |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Debtor 4 and Debtor 2 only Debtor 5 and Debtor 2 only Debtor 6 this claim is for a community debt Is the claim subject to offset? Debtor 6 only Pes Midland Funding No Debts to pension or profit-sharing plans, and other similar debts Last 4 digits of account number Collection agency for central dupage hospital When was the debt incurred? San Diego,, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 4 least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Contingent Other. Specify Collection agency for central dupage hospital When was the debt incurred? San Diego,, CA 92108 As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 3 only Debtor 4 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Contingent Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | Yes | Other. Specify | Debt | ourchaser from Citibank | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 3 and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 and Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 1 only Debtor 1 and Debtor 2 only Debtor 2 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Student loans State 4 digits of account number Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Student loans Student loans Debtor 3 only Debtor 3 only Student loans Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 1 only Student loans Debtor 1 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 7 only Debtor 9 only | | | not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Debtor 2 only Debtor 3 and Debtor 3 only Debtor 4 and Debtor 3 only Debtor 5 only Debtor 5 only Debtor 6 NONPRIORITY unsecured claim: Debtor 6 NONPRIORITY unsecured claim: Debtor 7 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Student loans Disputed Type of NONPRIORITY unsecured claim: Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Student loans Disputed Type of NoNPRIORITY unsecured claim: Student loans Disputed Type of NoNPRIORITY unsecured claim: Student loans Disputed Type of NoNPRIORITY unsecured claim: Student loans | | _ | | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection agency for central dupage hospital Midland Funding Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: | | debt | _ | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts South Collection agency for central dupage hospital Midland Funding Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 San Diego, CA 92108 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Unliquidated Disputed Contingent Contingent Disputed Type of NONPRIORITY unsecured claim: Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt is separation agreement or divorce that you did not report as priority claims Collection agency for central dupage hospital As of deate you number Mene was the debt incurred? As of the date you file, the claim is: Check all that apply Unliquidated Debtor 1 and Debtor 2 only Disputed | | | | r unsecure | ı cıaım: | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 and Debtor 2 only Student loans Check if this claim is for a community debt Us the claim subject to offset? Debtor 1 and Debtor 2 only Check if this claim is for a community debt Check if this claim is for a community debt Us the claim subject to offset? Debts to pension or profit-sharing plans, and other similar debts Collection agency for central dupage hospital Debtor 1 only Midland Funding Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 San Diego, CA 92108 Number Street City State Zlp Code When was the debt incurred? As of the date you file, the claim is: Check all that apply Debtor 1 only | | | · · | | I alaba. | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Student loans Check if this claim is for a community debt State Claim subject to offset? Debtor 1 only Student loans Check if this claim is for a community debt State Claim subject to offset? Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Student loans Check if this claim is for a community debt State Claim subject to offset? Debtor 1 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community Collection agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Collection agency for central dupage hospital 4.30 Midland Funding Contension Collection agency for central dupage Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 San Diego,, CA 92108 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Contingent | | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Collection agency for central dupage hospital Midland Funding Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 San Diego,, CA 92108 Number Street City State ZIp Code North of the date you file, the claim is: Check all that apply | | Debtor 1 only | Š | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debts to pension or profit-sharing plans, and other similar debts Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt Check if this claim is for a community debt as priority claims Check if this | | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Student loans Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Other. Specify Collection agency for central dupage hospital Midland Funding Nonpriority Creditor's Name 2365 Northside Drive, Suite 300 When was the debt incurred? | | | As of the date you file | , the claim i | s: Check all that apply | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 offset? Disputed Type of NONPRIORITY unsecured claim: Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debts of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts Tother. Specify Collection agency for central dupage hospital Midland Funding Last 4 digits of account number 6008 \$ 708.00 | | 2365 Northside Drive, Suite 300 | When was the debt in | curred? | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 1 and Debtor 3 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 7 only Debtor 7 only Debtor 9 only D | 4.30 | | Last 4 digits of account | nt number | 6008 | \$ | 708.00 |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims Debts to pension or profit-sharing plans, and other similar debts | | ⊔ Yes | ■ Other. Specify | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Disputed Debtor 1 and Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Is the claim subject to offset? Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | _ | | | | |
| Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Disputed Type of NONPRIORITY unsecured claim: Check if this claim is for a community debt Contingent Contingent Unliquidated Disputed Type of NONPRIORITY unsecured claim: Student loans | | _ | not report as priority cla | ims | - | | |
| Who incurred the debt? Check one. ☐ Contingent □ Debtor 1 only □ Debtor 2 only ☐ Unliquidated □ Debtor 1 and Debtor 2 only ☐ Disputed □ At least one of the debtors and another ☐ Type of NONPRIORITY unsecured claim: | | debt | | | | | |
| Who incurred the debt? Check one. | | _ | _ | | | | |
| Who incurred the debt? Check one. | | | • | Y unsecure | d claim: | | |
| Who incurred the debt? Check one. ☐ Contingent ☐ Debtor 1 only | | _ | _ | | | | |
| Who incurred the debt? Check one. | | | | | | | |
| Debtor 1 Gilbert M. Sosa DOCUMENT Page 29 07 52 Case number (if know) | | Who incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor | Gilbert M. Sosa | Document | Page - | 29 of 52 Case number (if know) | | |

Nonpriority Creditor's Name

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| Debtor | 1 Gilbert M. Sosa | Case number (if know) | | |
|--------|--|---|----|----------|
| | P. O. Box 6402 Sioux Falls, SD 57117 | When was the debt incurred? | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify gasoline purchases last few years | _ | |
| 4.33 | Portfolio Recovery Associates, Llc | Last 4 digits of account number 6970 | \$ | 1,225.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd | When was the debt incurred? | · | · |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | |
| | ☐ Yes | ■ Other. Specify Debt purchased from GE Capital Retail Bank | _ | |
| | | | | |
| 4.34 | Portfolio Recovery Associates, Llc | Last 4 digits of account number 4933 | \$ | 1,608.00 |
| | Nonpriority Creditor's Name 120 Corporate Blvd | When was the debt incurred? | | |
| | Norfolk, VA 23502 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | ☐ Contingent | | |
| | ■ Debtor 1 only | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | |
| | ls the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | |
| | Yes | ■ Other. Specify Purchased debt from Citgo/Citibank | | |

Document Page 31 of 52 Debtor 1 Gilbert M. Sosa Case number (if know) 4.35 Portfolio Recovery Associates, 1,338.00 2917 Llc Last 4 digits of account number \$ Nonpriority Creditor's Name 120 Corporate Blvd When was the debt incurred? Norfolk, VA 23502 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ☐ Contingent ■ Debtor 1 only ■ Unliquidated Debtor 2 only Debtor 1 and Debtor 2 only ■ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims $\hfill\square$ Debts to pension or profit-sharing plans, and other similar debts ■ No ☐ Yes Debt purchased from Citibank, N.A. Other. Specify 4.36 Sears/CBNA 208.00 7478 Last 4 digits of account number Nonpriority Creditor's Name P. O. Box 6282 When was the debt incurred? Sioux Falls, SD 57117-6282 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. □ Contingent ■ Debtor 1 only Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Check if this claim is for a community ☐ Student loans debt Is the claim subject to offset? ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No

4.37 Shell

☐ Yes

Nonpriority Creditor's Name P. O. Box 6406

Sioux Falls, SD 57117

Number Street City State Zlp Code

Last 4 digits of account number

7330

Misc consumer purchases

497.45

When was the debt incurred?

Other. Specify

As of the date you file, the claim is: Check all that apply

| Debtor | 1 Gilbert M. Sosa | Document | Page | 32 of 52 Case number (if know) | | | |
|--------|--|---|------------------|--|----|----------|--|
| | Who incurred the debt? Check one. | ☐ Contingent | _ | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising on not report as priority cla | | ration agreement or divorce that you did | | | |
| | ■ No | _ ' ' ' | | g plans, and other similar debts | | | |
| | Yes | Other. Specify | | ousiness and consumer purchases everal years | - | | |
| 4.38 | Shell/Citibank | Last 4 digits of accou | at number | 0587 | \$ | 1,808.87 | |
| | Nonpriority Creditor's Name | - | | | Φ | | |
| | P. O. Box 6406 Sioux Falls, SD 57117 Number Street City State Zlp Code | When was the debt inc | | s: Check all that apply | | | |
| | Who incurred the debt? Check one. | ☐ Contingent | • | 11,7 | | | |
| | ■ Debtor 1 only | □ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | | | | | |
| | Is the claim subject to offset? | Obligations arising on ot report as priority cla | | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | | |
| | Yes | Other. Specify | last se | consumer and business purchases everal years - Judgment entered in 2012 SC 2773 on June 13, 2012 | - | | |
| 4.39 | Synchrony Bank | Last 4 digits of accoun | nt number | 9790 | \$ | 1,328.00 | |
| | Nonpriority Creditor's Name | When was the debt in | curred? | | | | |
| | P. O. Box 965024 Orlando, FL 32896-5024 | | | | | | |
| | Number Street City State Zlp Code | As of the date you file | , trie Ciaiiii i | 5. Спеск ан тат арргу | | | |
| | Who incurred the debt? Check one. Debtor 1 only | ☐ Contingent | | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY | unsecured | l claim: | | | |
| | ☐ Check if this claim is for a community debt | ommunity | | | | | |
| | Is the claim subject to offset? | ? | | | | | |
| | ■ No | Debts to pension or | profit-sharin | g plans, and other similar debts | | | |
| | Yes | Other. Specify | Misc | consumer and business purchases | - | | |
| 4.40 | TD Bank USA | Last 4 digits of account | nt number | 5991 | \$ | 6,689.00 | |

Nonpriority Creditor's Name

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| Debtor | 1 Gilbert M. Sosa | Case number (if know) | |
|--------|--|---|----------------|
| | % Target Credit Services P. O. Box 673 | When was the debt incurred? | |
| | Minneapolis, MN 55440 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | ■ Debtor 1 only □ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | Check if this claim is for a community | ☐ Student loans | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify Misc consumer and business purchases last several years | |
| 4.41 | U.S. Bank | Last 4 digits of account number 7059 | \$ 449.00 |
| | Nonpriority Creditor's Name CB Disputes P. O. Box 108 | When was the debt incurred? | |
| | St. Louis, MO 63166 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. □ Debtor 1 only | ☐ Contingent | |
| | Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | ■ Other. Specify Misc consumer and business purchases | |
| 4.42 | Wheaton Eye Clinic | Last 4 digits of account number 5896 | \$ 1,100.53 |
| | Nonpriority Creditor's Name 2015 N. Main Street | When was the debt incurred? | |
| | Wheaton, IL 60187 Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | |
| | Who incurred the debt? Check one. | ☐ Contingent | |
| | Debtor 1 only | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans | |
| | Is the claim subject to offset? | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | |
| | Yes | Other. Specify vision services | |

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Debtor 1 Gilbert M. Sosa Case number (if know)

Part 3: List Others to Be Notified About a Debt That You Already Listed

5. Use this page only if you have others to be notified about your bankruptcy, for a debt that you already listed in Parts 1 or 2. For example, if a collection agency is trying to collect from you for a debt you owe to someone else, list the original creditor in Parts 1 or 2, then list the collection agency here. Similarly, if you have more than one creditor for any of the debts that you listed in Parts 1 or 2, list the additional creditors here. If you do not have additional persons to be notified for any debts in Parts 1 or 2, do not fill out or submit this page.

Name and Address On which entry in Part 1 or Part2 did you list the original creditor?

Line of (Check one): Part 1: Creditors with Priority Unsecured Claims

Part 2: Creditors with Nonpriority Unsecured Claims

Last 4 digits of account number

Part 4: Add the Amounts for Each Type of Unsecured Claim

-NONE-

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

| | | | | Tot | al claim |
|--------------|-----|---|-----|---------|-----------|
| | 6a. | Domestic support obligations | 6a. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 1 | 6b. | Taxes and certain other debts you owe the government | 6b. | \$ | 0.00 |
| | 6c. | Claims for death or personal injury while you were intoxicated | 6c. | \$ | 0.00 |
| | 6d. | Other. Add all other priority unsecured claims. Write that amount here. | 6d. | \$ | 0.00 |
| | 6e. | Total. Add lines 6a through 6d. | 6e. | \$ | 0.00 |
| | | | | Total C | laim |
| | 6f. | Student loans | 6f. | \$ | 0.00 |
| Total claims | | | | | |
| from Part 2 | 6g. | Obligations arising out of a separation agreement or divorce that you did not report as priority claims | 6g. | \$ | 0.00 |
| | 6h. | Debts to pension or profit-sharing plans, and other similar debts | 6h. | \$ | 0.00 |
| | 6i. | Other. Add all other nonpriority unsecured claims. Write that amount here. | 6i. | \$ | 48,511.33 |
| | 6j. | Total. Add lines 6f through 6i. | 6j. | \$ | 48,511.33 |

| | | Ducume | TIL FAUE 33 UI 32 | |
|---|-------------------------|-------------------------------|-------------------|--------------------------------------|
| Fill in this infor | mation to identify your | case: | | |
| Debtor 1 | Gilbert M. Sosa | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | NORTHERN DISTRICT OF ILLINOIS | | |
| Case number | | | | |
| (if known) | | | | ☐ Check if this is an amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| I | Person or | company with | whom you have the or, Street, City, State and ZIP C | contract or lease | State what the contract or lease is for |
|-----|------------|--------------|---|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | - |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.2 | | | | | |
| | Name | | | | _ |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | |
| | | | | | |
| | | | | | _ |
| | Number | Street | | | |
| | | | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | |
| | | | | | |
| | Ni. and an | Otro ot | | | _ |
| | Number | Street | | | |
| | | | | 710.0 | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | <u>_</u> |
| | Name | | | | |
| | | | | | |
| | Number | Street | | | _ |
| | ivuilibel | Sireei | | | |
| | O't- | | 04-4- | 71D O | _ |
| | City | | State | ZIP Code | |

| | | Docum | ent Page 36 of | f 52 | |
|--------------------------------|---|---|--|--|----|
| Fill in this | information to identify your | case: | | | |
| Debtor 1 | Gilbert M. Sosa | | | | |
| D - b 1 0 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filing | ng) First Name | Middle Name | Last Name | | |
| United Sta | tes Bankruptcy Court for the: | NORTHERN DISTRIC | T OF ILLINOIS | | |
| Case num | her | | | | |
| (if known) | | | | ☐ Check if this is an amended filing | |
| Officia | I Form 10011 | | | | |
| | I Form 106H | | | | |
| Sched | lule H: Your Cod | ebtors | | 12/15 | |
| Arizon _ | hin the last 8 years, have yo a, California, Idaho, Louisiana | | | (Community property states and territories include ngton, and Wisconsin.) | |
| ☐ Yes 3. In Colin line | 2 again as a codebtor only | tors. Do not include you if that person is a guara | ır spouse as a codebtor ıntor or cosigner. Make s | if your spouse is filing with you. List the person show sure you have listed the creditor on Schedule D (Offic 6G). Use Schedule D, Schedule E/F, or Schedule G to | ia |
| | t Column 2. | 11 O 111 100E/1), OI OCHE | dule o (Omciai i omi io | ooj. Ose Scriedule D, Scriedule Dr , Or Scriedule G to | , |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | IP Code | | Column 2: The creditor to whom you owe the debt Check all schedules that apply: | i |
| 3.1 | | | | ☐ Schedule D, line | |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| | Number Street City | State | ZIP Code | - | |
| 3.2 | | | | ☐ Schedule D, line | _ |
| | Name | | | Schedule E/F, line | |
| | | | | ☐ Schedule G, line | |
| - | Number Street | | | - | |
| | City | State | ZIP Code | | |

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| Debtor 1 | Gilbert M. Sosa | | | | |
|------------------------------------|--------------------------|---------------------------|----------------------------------|--|----------|
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Ba | ankruptcy Court for the: | NORTHERN DISTRICT | OF ILLINOIS | | |
| Case number | | | | | |
| (if known) | | | | ☐ Check if this is a | an |
| | | | | amended filing | |
| | | | | | |
| Official For | m 106Dec | | | | |
| | | امييام أيرالم ما | Dobtorio Coboo | ماليا | |
| Declara | don About a | in individual | Debtor's Sched | luies | 12/15 |
| | | | | | |
| two married p | eople are filing togethe | r, both are equally respo | ensible for supplying correct in | formation. | |
| ou must file th | is form whenever you f | ile bankruptcy schedules | s or amended schedules. Makir | ng a false statement, concealing proper | ty, or |
| | | | ruptcy case can result in fines | s up to \$250,000, or imprisonment for u | to 20 |
| ears, or both. 1 | 8 U.S.C. §§ 152, 1341, 1 | 1519, and 3571. | | | |
| | | | | | |
| Sig | n Below | | | | |
| Sig | II Delow | | | | |
| | | | | ptcy forms? | |
| Did you pa | y or agree to pay some | one who is NOT an attor | ney to help you fill out bankru | | |
| | y or agree to pay some | eone who is NOT an attor | ney to help you fill out bankru | | |
| ■ No | , , , , , | eone who is NOT an attor | | | |
| ■ No | ny or agree to pay some | eone who is NOT an attor | . Attach <i>B</i> a | ankruptcy Petition Preparer's Notice, Decla | nration, |
| ■ No | , , , , , | eone who is NOT an attor | . Attach <i>B</i> a | ankruptcy Petition Preparer's Notice, Decla ture (Official Form 119). | nration, |
| ■ No | , , , , , | eone who is NOT an attor | . Attach <i>B</i> a | | nration, |
| ■ No □ Yes. Under pena | Name of person | | . Attach <i>B</i> a | ture (Official Form 119). | nration, |
| ■ No □ Yes. Under penathat they ar | Name of person | | . Attach Ba and Signat | ture (Official Form 119). | nration, |

Date

Signature of Debtor 1

Date February 29, 2016

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee \$1.717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc approved.html.

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/ BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 16-06862 Doc 1 Filed 02/29/16 Entered 02/29/16 16:17:33 Desc Main Page 42 of 52 Document

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Northern District of Illinois

| In | re Gilbert M. Sosa | NEGATION OF THE | шов | On we NI- | | |
|------|--|---|--|-----------------------------|---------------------------------------|----|
| | - Indicate in Ood | Debtor(s) | 1 | Case No. Chapter | 13 | |
| | DISCLOSURE OF COMPENSATI | ON OF AT | TORNEY | • | | _ |
| I. | Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I cert compensation paid to me within one year before the filing of the perendered on behalf of the debtor(s) in contemplation of or in contemplation. | etition in bankı ennection with t | uptcy, or agree he bankruptcy | d to be naid | to ma for cornican condered on t | 0 |
| | For legal services, I have agreed to accept | | \$ | | 3,000.00 | |
| | Prior to the filing of this statement I have received | | \$ | | 0.00 | |
| | Balance Due | ************************* | \$ | | 3,000.00 | |
| 2. | The source of the compensation paid to me was: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 3. | The source of compensation to be paid to me is: | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. | ■ I have not agreed to share the above-disclosed compensation v | with any other p | erson unless th | ey are meml | pers and associates of my law fir | m. |
| | ☐ I have agreed to share the above-disclosed compensation with copy of the agreement, together with a list of the names of the | a person or per people sharing | sons who are no in the compens | ot members ation is atta | or associates of my law firm. A ched. | |
| 5. | In return for the above-disclosed fee, I have agreed to render legal | service for all | aspects of the b | ankruptcy c | ase, including: | |
| | a. Analysis of the debtor's financial situation, and rendering advices. b. Preparation and filing of any petition, schedules, statement of a confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor's financial situation, and rendering advices the confidence of the debtor's financial situation, and rendering advices the confidence of the debtor's financial situation, and rendering advices the confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of creditors and confidence of the debtor at the meeting of the debtor at the meeting of the debtor at the | affairs and plan | which may be a | equired; | | |
| 5. | By agreement with the debtor(s), the above-disclosed fee does not See attached fee agreement | include the foll | owing service: | | | |
| | CERT | FICATION | | | | |
| this | I certify that the foregoing is a complete statement of any agreeme bankruptcy proceeding. | _] | , Au | \cap I | presentation of the debtor(s) in | |
| - | February 29, 2016 Date | Janet Watso Signature of A Janet L. Wat 330 S. Naper Suite 312 Wheaton, IL | ttorney son ville Road 60187 7 Fax: 630-2 aol.com | | | |

UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF ILLINOIS

RIGHTS AND RESPONSIBILITIES AGREEMENT BETWEEN CHAPTER 13 DEBTORS AND THEIR ATTORNEYS

(Court-Approved Retention Agreement, Revised as of 4/20/2015)

Chapter 13 gives debtors important rights, such as the right to keep property that could otherwise be lost through repossession or foreclosure, but Chapter 13 also puts burdens on debtors, such as the burden of making complete and truthful disclosures of their financial situation. It is important for debtors who file a Chapter 13 bankruptcy case to understand their rights and responsibilities in bankruptcy. In this connection, the advice of an attorney is often crucial. Debtors are entitled to certain services from their attorneys, but debtors also have responsibilities to their attorneys. In order to assure that debtors and their attorneys understand their rights and responsibilities in the Chapter 13 process, the judges of the Bankruptcy Court for the Northern District of Illinois have approved this agreement, setting out the rights and responsibilities of both debtors in Chapter 13 and their attorneys, including how their attorneys will be paid for their services in the Chapter 13 case. By signing this agreement, debtors and their attorneys accept these responsibilities.

The Bankruptcy Code may require a debtor's attorney to provide the debtor with certain documents and agreements at the start of the representation. The terms of this court-approved agreement take the place of any conflicting provision in an earlier agreement. This agreement cannot be modified in any way by other agreements. Any provision of another agreement between the debtors and the attorney that conflicts with this agreement is void.

A. BEFORE THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Discuss with the attorney the debtor's objectives in filing the case.
- 2. Provide the attorney with full, accurate and timely information, financial and otherwise, including properly documented proof of income.

THE ATTORNEY AGREES TO:

- 1. Personally counsel the debtor regarding the advisability of filing either a Chapter 13 or a Chapter 7 case, discuss both procedures (as well as non-bankruptcy options) with the debtor, and answer the debtor's questions.
- 2. Personally explain to the debtor that the attorney is being engaged to represent the debtor on all matters arising in the case, as required by Local Bankruptcy Rule, and explain how and when the attorney's fees and the trustee's fees are determined and paid.
- 3. Personally review with the debtor and sign the completed petition, plan, statements, and schedules, as well as all amendments thereto, whether filed with the petition or later. (The schedules may be initially prepared with the help of clerical or paralegal staff of the attorney's office, but personal attention of the attorney is required for the review and signing.)
- 4. Timely prepare and file the debtor's petition, plan, statements, and schedules.

- 5. Explain to the debtor how, when, and where to make all necessary payments, including both payments that must be made directly to creditors and payments that must be made to the Chapter 13 trustee, with particular attention to housing and vehicle payments.
- 6. Advise the debtor of the need to maintain appropriate insurance.

B. AFTER THE CASE IS FILED

THE DEBTOR AGREES TO:

- 1. Make the required payments to the trustee and to whatever creditors are being paid directly, or, if required payments cannot be made, to notify the attorney immediately.
- 2. Appear punctually at the meeting of creditors (also called the "341 meeting") with recent proof of income and a picture identification card. (If the identification card does not include the debtor's social security number, the debtor must also bring to the meeting a social security card.) The debtor must be present in time for check-in and when the case is called for the actual examination.
- 3. Notify the attorney of any change in the debtor's address or telephone number.
- 4. Inform the attorney of any wage garnishments or liens or levies on assets that occur or continue after the filing of the case.
- 5. Contact the attorney immediately if the debtor loses employment, has a significant change in income, or experiences any other significant change in financial situation (such as serious illness, marriage, divorce or separation, lottery winnings, or an inheritance).
- 6. Notify the attorney if the debtor is sued or wishes to file a lawsuit (including divorce.)
- 7. Inform the attorney if any tax refunds to which the debtor is entitled are seized or not received when due from the IRS or Illinois Department of Revenue.
- 8. Contact the attorney before buying, refinancing, or selling real property, and before entering into any loan agreement.
- 9. Supply the attorney with copies of all tax returns filed while the case is pending.

THE ATTORNEY AGREES TO:

- 1. Advise the debtor of the requirement to attend the meeting of creditors, and notify the debtor of the date, time, and place of the meeting.
- 2. Inform the debtor that the debtor must be punctual and, in the case of a joint filing, that both spouses must appear at the same meeting.
- 3. Provide knowledgeable legal representation for the debtor at the meeting of creditors (in time for check-in and the actual examination) and, unless excused by the trustee, for the confirmation hearing.
- 4. If the attorney will be employing another attorney to attend the 341 meeting or any court hearing, personally explain to the debtor in advance, the role and identity of the other attorney

and provide the other attorney with the file in sufficient time to review it and properly represent the debtor.

- 5. Timely submit to the Chapter 13 trustee properly documented proof of income for the debtor, including business reports for self-employed debtors.
- 6. Timely respond to objections to plan confirmation and, where necessary, prepare, file, and serve an amended plan.
- 7. Timely prepare, file, and serve any necessary statements, amended statements, and schedules and any change of address, in accordance with information provided by the debtor.
- 8. Monitor all incoming case information (including, but not limited to, Order Confirming Plan, Notice of Intent to Pay Claims, and 6-month status reports) for accuracy and completeness. Contact the trustee promptly regarding any discrepancies.
- 9. Be available to respond to the debtor's questions throughout the term of the plan.
- 10. Prepare, file, and serve timely modifications to the plan after confirmation, when necessary, including modifications to suspend, lower, or increase plan payments.
- 11. Prepare, file, and serve necessary motions to buy or sell property and to incur debt.
- 12. Object to improper or invalid claims.
- 13. Timely respond to the Chapter 13 trustee's motions to dismiss the case, such as for payment default, or unfeasibility, and to motions to increase the percentage payment to unsecured creditors.
- 14. Timely respond to motions for relief from stay.
- 15. Prepare, file, and serve all appropriate motions to avoid liens.
- 16. Provide any other legal services necessary for the administration of the case.

C. TERMINATION OR CONVERSION OF THE CASE AFTER ENTRY OF AN ORDER APPROVING FEES AND EXPENSES

- 1. Approved fees and expenses paid under the provisions set out below are generally not refundable in the event that the case is dismissed prior to its completion, unless the dismissal is due to a failure by the attorney to comply with the duties set out in this agreement. If such a dismissal is due to a failure by the attorney, the court may order a refund of fees on motion by the debtor.
- 2. If the case is dismissed after approval of the fees and expenses but before payment of all allowed fees and expenses, the order entered by the Bankruptcy Court allowing the fees and expenses is not a judgment against the debtor for the unpaid fees and expenses based on contract law or otherwise.
- 3. If the case is converted to a case under chapter 7 after approval of the fees and expenses under this agreement but before the payment of all fees and expenses, the attorney will be entitled to an administrative claim in the chapter 7 case for any unpaid fees and expenses, pursuant to section 726(b) of the Bankruptcy Code, plus any conversion fee the attorney pays on behalf of the debtor.

D. RETAINERS AND PREVIOUS PAYMENTS

1. The attorney may receive a retainer or other payment before filing the case but may not receive fees directly from the debtor after the filing of the case. Unless the following provision is checked and completed, any retainer received by the attorney will be treated as a security retainer, to be placed in the attorney's client trust account until approval of a fee application by the court.

□The attorney seeks to have the retainer received by the attorney treated as an advance payment retainer, which allows the attorney to take the retainer into income immediately. The attorney hereby provides the following further information and representations:

- (a) The special purpose for the advance payment retainer and why it is advantageous to the debtor is as follows:
- (b) The retainer will not be held in a client trust account and will become property of the attorney upon payment and will be deposited into the attorney's general account;
- (c) The retainer is a flat fee for the services to be rendered during the chapter 13 case and will be applied for such services without the need for the attorney to keep detailed hourly time records for the specific services performed for the debtor;
- (d) Any portion of the retainer that is not earned or required for expenses will be refunded to the client; and
- (e) The attorney is unwilling to represent the debtor without receiving an advanced payment retainer because of the nature of the chapter 13 case, the fact that the great majority of services for such case are performed prior to its filing, and the risks associated with the representation of debtors in bankruptcy cases in general.
- 2. In any application for compensation the attorney must disclose to the court any fees or other compensation paid by the debtor to the attorney for any reason within the one year before the case filing.

E. CONDUCT AND DISCHARGE

- 1. Improper conduct by the attorney. If the debtor disputes the sufficiency or quality of the legal services provided or the amount of the fees charged by the attorney, the debtor may file an objection with the court and request a hearing.
- 2. Improper conduct by the debtor. If the attorney believes that the debtor is not complying with the debtor's responsibilities under this agreement or is otherwise engaging in improper conduct, the attorney may apply for a court order allowing the attorney to withdraw from the case.
- 3. Discharge of the attorney. The debtor may discharge the attorney at any time.

F. ALLOWANCE AND PAYMENT OF ATTORNEYS' FEES AND EXPENSES

- 1. Any attorney retained to represent a debtor in a Chapter 13 case is responsible for representing the debtor on all matters arising in the case unless otherwise ordered by the court. For all of the services outlined above, the attorney will be paid a flat fee of \$0.00.00.000.
- 2. In addition, the debtor will pay the filing fee required in the case of \$310.00
- 3. Before signing this agreement, the attorney has received, \$0.00 toward the flat fee, leaving a balance due of \$2.00; and \$0.00 for expenses, leaving a balance due for the filing fee of \$0.00
- 4. In extraordinary circumstances, such as extended evidentiary hearings or appeals, the attorney may apply to the court for additional compensation for these services. Any such application must be accompanied by an itemization of the services rendered, showing the date, the time expended, and the identity of the attorney performing the services. The debtor must be served with a copy of the application and notified of the right to appear in court to object.

| the application and notified of the right to appear i Date: February 29 2016 | n court to object. |
|--|-------------------------------|
| Signed: Scilly M. Sasa | Janet LWah |
| Gilbert M. Sosa | Janet-Watson |
| | Attorney for the Debtor(s) |
| | . |
| Debtor(s) | ; |
| Do not sign this agreement if the amounts are blan | ık. Local Bankruptcy Form 23c |

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United States Bankruptcy Court Northern District of Illinois

| | | 1 (of the H District of Immors | | |
|-------|--|--|-------------------------|-----------------------|
| In re | Gilbert M. Sosa | | Case No. | |
| | | Debtor(s) | Chapter 13 | |
| | VE | CRIFICATION OF CREDITOR I | MATRIX | |
| | | Number o | f Creditors: | 40 |
| | The above-named Debtor(s) (our) knowledge. | hereby verifies that the list of cred | itors is true and corre | ect to the best of my |
| Date: | February 29, 2016 | /s/ Gilbert M. Sosa Gilbert M. Sosa | | |

American Express
P. O. Box 981535
El Paso, TX 79998-1535

Barclay's Bank Delaware 125 S. West St. Wilmington, DE 19801

Capital One Bank
Bankruptcy Department
P. O. Box 30281
Salt Lake City, UT 84130

Capital One Bank
P. o. Box 30280
Salt Lake City, UT 84130-0280

Capital One Bank, USA, N.A. % Friedman, Anselmo, Lindberg 1771 W. Diehl Rd., #120 Naperville, IL 60566-7228

Cardmember Service P. O. Box 15298 Wilmington, DE 19850-5298

Cavalry Portfolio Services 500 Summit Lake Dr., #400 Valhalla, NY 10595-1340

Central Dupage Hospital 25 N. Winfield Drive Winfield, IL 60190

Chase P. O. Box 15298 Wilmington, DE 19850-5298

Chase Bank, NA P. O. Box 15077 Wilmington, DE 19896-5077

Chase Home Finance P. O. Box 24696 Columbus, OH 43224

Citi Cards P. O. Box 6500 Sioux Falls, SD 57117

Citibank N.A. % Blitt & Gaines 661 Glenn Avenue Wheeling, IL 60090

Citibank, N.A. P. O. Box 6241 Sioux Falls, SD 57117

Comenity Bank
P. O. Box 182125
Columbus, OH 43218-2273

Community Bank Wheaton/Glen Ellyn 357 Roosevelt Road Glen Ellyn, IL 60137

Dell Financial Services P. O. Box 81577 Austin, TX 78708

Discover P. O. Box 15316 Wilmington, DE 19850-5316

Discover P. O. Box 30416 Salt Lake City, UT 84130

Dr. Thomas R. Gibbs 564 Williamsburg Road Glen Ellyn, IL 60137

Home Depot /Cbna P. O. Box 6497 Sioux Falls, SD 57117-6497

Home Depot Credit Services P. O. Box 653000 Dallas, TX 75265-3000

Hsbc Card Services Orchard Bank P. O. Box 80084 Salinas, CA 93912-0084

ICS Collection Service P. O. Box 1010 Tinley Park, IL 60477-9110

Loyola Medicine Two Westbrrok Corporate Center, Suite 500 Westchester, IL 60154

Loyola University Medical Center 2160 S. First Avenue Maywood, IL 60153

Loyola University Physicians Foundation 2160 S. First Avenue Maywood, IL 60153

Medicredit Corporation P. O. Box 1629 Maryland Heights, MO 63043

Merchants Credit Guide 233 W. Jackson Blvd., #400 Chicago, IL 60606

Midland Funding 2365 Northside Drive, Suite 300 San Diego,, CA 92108

Nationwide Credit And Collection; Suite 100 815 Commerce Drive Oak Brook, IL 60523

Phillips 66- Conoco P. O. Box 6402 Sioux Falls, SD 57117 Portfolio Recovery Associates, Llc 120 Corporate Blvd Norfolk, VA 23502

Sears/CBNA
P. O. Box 6282
Sioux Falls, SD 57117-6282

Shell P. O. Box 6406 Sioux Falls, SD 57117

Shell/Citibank
P. O. Box 6406
Sioux Falls, SD 57117

Synchrony Bank
P. O. Box 965024
Orlando, FL 32896-5024

TD Bank USA % Target Credit Services P. O. Box 673 Minneapolis, MN 55440

U.S. Bank CB Disputes P.O. Box 108 St. Louis, MO 63166

Wheaton Eye Clinic 2015 N. Main Street Wheaton, IL 60187